STATE OF WEST VIRGINIA



Application for Voting an Absent Voter's Ballot by Mail/Fax For U.S. Senate Unexpired Term

APPLICANT: Provide all requested information. Please print.

Please note: A voter must apply separately for a primary and a general election. State law requires applications to be submitted after the 84th day before an election. (Application must be received by County or Municipal Clerk at least 6 days before the election.) Primary election - Party ballot (see back) Federal, statewide or Applying for ballot for: ☐ General election (check one in each column) county election ☐ Municipal election ☐ Special election scheduled on _____ Date of Birth _____ Precinct# _ Name _____ Residence Address & County Residence Phone: _____ Email: _____ Mail Ballot to:(address must be outside county if reason checked is 1.2.6.8.or9): Name/Address Change? If you have provided an address or name that is different from that on your voter registration record and you have not informed the county clerk of this change, please indicate the previous information on the line below. You may only do this if you have moved within the county. I am requesting an absentee ballot for the following reason (check only one numbered box): A. I am not able to vote in person during the early voting period prior to the election and on election day because: □ 1. Personal or business travel. 2. My attendance at college, university, or other place of education. ☐ 3. Illness, injury, or other medical reasons which keep me confined. Please provide the name and telephone number of your doctor who can confirm that you are unable to vote in person. Doctor's name: Phone: ☐ 4. A physical disability or immobility due to extreme advanced age that keeps me confined and unable to vote in person. ☐ 5. Incarceration or detention in jail or home. I am not under conviction (including period of probation or parole of any felony, of treason or of bribery in an election. If checking this box, the affidavit on the back of this form must be filled out. 6. I am an absent uniformed services member, spouse or dependent or overseas voter as defined by the Uniformed and Overseas Citizens Absentee Voting Act of 1986;

Check here if you are requesting all ballots in an election year. You must apply separately to your city clerk for municipal ballots. I would like to receive my ballot by fax. Fax #: _ ☐ 7. Employment which because of hours worked and distance from the county makes voting in person impossible. B. I am required to live temporarily outside my county of residence because of: 8. Service as an elected or appointed federal or state officer. 9. Temporary assignment by my employer for specific period of four years or less. C. I am not able to vote in person during the 5 days prior to the election and on election day because: ☐ 10. The county absentee voting office and the polling place at which I am registered is inaccessible to me because (state reason for inaccessibilty of polling place): I do hereby certify the information given is true to the best of my knowledge, that I reside at the address given, and that I am qualified and registered to vote in this county. I understand that I must vote in person if I can. I understand that knowingly making a false statement on this application is subject to the penalties for false swearing, a fine of up to \$1000 and up to one year imprisonment. If I am being assisted with my ballot, the reason for assistance is stated below and the person assisting me has signed this form. Signature/Mark of Voter Signature of person assisting voter (if needed) (If voter is illiterate, application must be witnessed below) Witness(if voter is illiterate) Reason for Assistance (if needed)

STATEMENT OF SHERIFF, CHIEF OF POLICE OR AUTHORIZED DEPUTY

[TO BE COMPLETED FOR APPLICANTS VOTING ABSENTEE BECAUSE OF INCARCERATION OR DETENTION.]

on this application			ature appears
on and apphoaution	will be confined in the county or city jail	or other detention facility on the	day of
	, , the date of the elect	on, and is not under conviction of treas	on, bribery, or
a felony.			
Name of Detention	Facility	 Signature	
City /County		Title	
		TO ALL APPLICANTS!	
* This application	vote in person at the polls on elector on must be <u>received</u> by your coun 6th day before the election in ord	tion day if you vote an absentee	y elections)
* This application no later than the * In order to recation. Please c	vote in person at the polls on electors must be <u>received</u> by your coun	tion day if you vote an absentee ty clerk (or municipal clerk for citer for a ballot to be mailed to you t you must note a party choice or	ty elections) I. In the appli-